

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/563134** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
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46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	8	↓	4	↓		↓
TOTAL DEP.	51	←	58	←		←
TOTAL CLAIMS	59	[REDACTED]	62	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		○			1	
52		○				
53		○			1	
54		○				
55		○			1	
56		○				
57		○			1	
58		○				
59		○			1	
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62					1	
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	
					←	
					←	
					←	